GOVERNMENT OF INDIA
HEALTH AND FAMILY WELFARE
LOK SABHA

UNSTARRED QUESTION NO:4974
ANSWERED ON:31.03.2017
Rural Healthcare
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Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether the Government is aware that a majority of about 700 million people live in rural areas of the country where the condition of medical facilities is deplorable and if so, the details thereof;

(b) the policy to provide healthcare services in the rural and the Scheduled Castes/Scheduled Tribes dominated areas of the country;

(c) whether the Government has prepared State-wise data of the shortage of hospitals/necessary medical equipments/ doctors/para medical staff in the above said areas, if so, the details thereof; and

(d) the amount provided by the Government for the upgradation of healthcare centres/setting up new health centres/medical equipments/pathological lab for the tests of patients in the rural, Scheduled Castes/Scheduled Tribes dominated areas of the country during the financial year 2015-16 and the current year in the country particularly in Uttar Pradesh and Jharkhand and the amount utilised therefrom?

Answer

ANSWER
THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND
FAMILY WELFARE
(SHRI FAGGAN SINGH KULASTE)
(a): As per Rural Health Statistics (RHS) 2016, there is shortage of public health facilities in the rural areas. The State/ UT wise details are given at Annexure-I. The details of Sub-Centres (SCs)/ Primary Health Centres (PHCs) & Community Health Centres (CHCs) functioning as per Indian Public Health Standards (IPHS) norms are given at Annexure-II & III.

(b): National Health Policy 2017 subscribes to equity and universality as key guiding principles. Reducing inequity would mean affirmative action to reach the poorest and socially excluded. Universal health service will ensure that no one is excluded from getting quality health care on social or economic or any other ground. Public Health being a State subject, the primary responsibility to provide quality health care services to the people including in rural, and Schedule Castes/Scheduled Tribes dominated areas lies with State/UT Governments.

NRHM (now subsumed in NHM) was launched in 2005 essentially to improve health care services particularly in rural areas. Under NHM, support is provided to States/UTs to strengthen their health systems including for setting up/upgrading public health facilities, augmenting health human resource on contractual basis, drugs and equipment, diagnostics, Ambulances, Mobile Medical Units etc for provision of equitable, affordable healthcare to all its citizens particularly the poor and vulnerable population based on requirements posed by the States in their Programme Implementation Plans.

Under NHM, all ST dominated districts, whose composite health index is below State average have been categorized as High Priority Districts (HPD). These districts receive more resources per capita under the NHM as compared to the rest of the districts in the State. These districts also receive focused attention and supportive supervision.

(c): The State/UT wise details regarding shortage of hospitals in rural area is given at Annexures-I. The details regarding shortfall of health facilities in tribal areas is given at Annexure-IV. The details regarding shortage of necessary medical equipments in the health facilities is given at Annexure − V. The details regarding shortage of Doctors and Para-medical staff in the health facilities in rural areas and in the tribal areas are given at Annexure-VI to XI. No separate data is maintained in respect of SC dominated areas.

(d): The details of funds approved by the Government for health system strengthening and procurement of equipments including for SC and ST dominated areas during 2015-16 and 2016-17 for States/UTs including the State of Uttar Pradesh and Jharkhand are placed at Annexures- XII to XIII. It is however, clarified that the release of funds is pool-wise and not activity-wise.